DEPARTMENT OF PUBLIC MEALTH AND WELLANG PROJUSTION CONTROLLED TO BE AMERICAN DESCRIPTION OF THIS STUDY AMERICAN COUNTY STATE THE NUMBER OF THIS STUDY NOV 1 \$1952 1. AACTOR BATH NOV 1 \$1952 2. USUAL RESIDENCE (Where decessed loved. If maintainlion Residence before the study in 15 and 15	٨	AISSOURI	DIVISION OF HEA		ERTIFICATE O	F DEATH.	402662	2-0399	46
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which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Inactured Fernium (neck) 9049-45 PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. STATE 10 10 10 10 10 10 10 1		ARI	IN CAUSE OF DEATH	(Bruer only one cause per line f				IN1	ERVAL BETWEEN
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19. WAS AUTOPSY PERFORMED? YES'DE NO ONE OF Hour Month, Day, Year INJURY 20c. TIME OF Hour Month, Day, Year P.M. P.m.	68		NE I LA	Maddition given in PAKI I (a	le til fle to	Vine to Meple	roadour	- T	
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ZO W V V V V V V V V V V V V V V V V V V			PERFORMED?			-			
¥ 0	Z		 	Month, Day, Year				• .	
	SB K		20d. INJURY OCCURR	ED 200 PLACE OF IN HIRY	(e.g., in or about home,	20f. CITY, TOWN, OR L	OCATION	COUNTY	STATE
WHILE AT WORK farm, factory, street, office bldg., etc.}	_ _		I ■ I WHILE AT WORK	farm, factory, stree	et, office bldg., etc.)				
YE W 21. I attended the deceased from 10/25 /62 to 10/27/62 and last saw him alive on 10/27/62	E AC	Q		10/25//	2 10 10	127/62 and 1	ast saw her alive on	10/27/6	2
21. I attended the deceased from 10/25 /62, to 10/27/62 and last saw him alive on 10/27/62 Death occurred at 5:18 PM m on the date stated above, and to the best of my knowledge, from the causes stated.	BL RI			, ,	:18 PM m on th	•			uses stated.
Death occurred at	JSE EW		LL CO. SHAWERE) .	22b. ADDRESS		110	22c. DATE SIGNED
3720 Weekington Guarthauis 10 /29/6,	ا ۲۲	š		Xavis M		3720 WK	skington Ce	ust seus	(1 - 7 / W V
	•		23a. BURIAL, CREMATION REMOVAL (Specify)				. LOCATION (City, tow	n, or county)" Missolity	
			Removal poos	LINDS PATIED AT TINKING					
25. DATE RECO. BY LOCAL REG. 26 PEGISTERA'S SUNATURE OCT 30, 1962		I EV	-			30 1962		mith.	7. D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	
working under my personal supervision.	Signed Jan Ayemore
Signature of Student Embalmer	// /2 /2
	P. O. Address Hours Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply c. with the above constitutes grounds for revocation of license).

..... If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.